IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
2014 RECOMMENDATIONS FOR CHANGES IN IOWA LAW

IMPLEMENTING THE PROMISE OF MHDS REDESIGN

The MHDS Commission wishes to express its appreciation for the bipartisan efforts that legislators and executive branch policymakers have invested in the redesign of Iowa's mental health and disability services system. Stakeholders with diverse interests and points of view have worked together over the last several years to contribute to the creation of a well-considered, collaborative plan for change.

The redesigned system promises comprehensive statewide access to a basic set of cost-effective community-based mental health and disability services, offers Iowans greater opportunity for choice, and has the potential to reduce the demand for the most intensive, highest cost services by minimizing emergency room visits, emergency psychiatric hospitalizations, and involvement with law enforcement, corrections, and the courts.

The Commission values the progress made toward redesign, including the expansion of Medicaid coverage to more low-income Iowans, but recognizes that more work remains to be done. Regional structures will soon be in place, yet some counties are coming into the regional system with residual funding challenges, most areas of the state continue to struggle with workforce and provider capacity issues, and many unknowns remain. If the promise of redesign is to become a reality, it is critical that the plan is supported by a stable and predictable long-term funding formula, an adequate workforce, and sufficient provider capacity.

PRIORITY 1: PROVIDE APPROPRIATE, PREDICTABLE, AND STABLE FUNDING

Follow through with the implementation of a comprehensive system of mental health and disability services by establishing a stable and predictable long-term funding structure for mental health and disability services that is appropriate to fully implement the vision of redesign, and support growth and innovation over time.

1.1 Suspend the 80% reversion of projected savings from the Iowa Health and Wellness Program to the State and retain the funds in the regional services system.

<u>The MHDS Commission recommends this action because:</u>

- More time is needed to review and fully evaluate the impact of the change from legal settlement to residency, the adequacy of the new per capita levy formula, the effect of the introduction of Integrated Health Homes, and to determine the actual savings from the new Iowa Health and Wellness Plan.
- The newly formed regions must have the necessary resources to provide services, manage their responsibilities to residents, and to make important decisions connected with regional formation during this transitional time.

- To manage their resources wisely, regions need to be able to rely on predictable and stable funding for long-term planning and budgeting purposes.
- Redesign envisions a system with the capacity to more comprehensively meet the needs of persons with developmental disabilities, brain injury, or physical disabilities, which will require growth in capacity.
- The availability of some source of risk pool funds should be retained as a safety net for the system.

1.2 Ensure that provider reimbursement rates can be set at a level adequate to preserve service stability for consumers, build community capacity, and strengthen the ability of safety net providers (including community mental health centers and substance abuse agencies) to grow and offer services that meet the complex needs of individuals served by the MHDS system.

The MHDS Commission recommends this action because:

- The successful implementation of MHDS redesign relies on the use of rate-setting methodologies that compensate providers for increasing their capacity to address the complex services needs of individuals and serving individuals with challenging behavior or support needs.
- The long-term success of MHDS redesign relies on the development of the expanded core services domains identified in Senate File 2315, including comprehensive crisis response, sub-acute care, and justice involved services, and the expansion of evidence-based practices such as positive behavior supports, assertive community treatment, peer support, and recovery centers.

1.2 Place all employment responsibilities for the judicial mental health advocates with the State to improve consistency, provide for uniform training, supervision, and accountability, and save taxpayer-supported resources.

The MHDS Commission recommends this action because:

- The current sharing of responsibilities by the counties/regions and the Judicial Branch is inefficient and wastes taxpayer dollars on travel time and travel costs that could be avoided through centralized management.
- This change would align with the redesign goals of providing services that are consistent statewide, cost effective, and efficient.

PRIORITY 2: BUILD WORKFORCE CAPACITY

Follow through with the implementation of a comprehensive system of mental health and disability services by expanding the availability, knowledge, and skills of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity and enhancing statewide access to quality mental health and disability services.

2.1 Require state and regional cost settlement reimbursement methodologies to designate the cost of training and education as a direct cost, allowable as a reimbursable expense.

The MHDS Commission recommends this action because:

- Limitations in provider capacity are a barrier to increasing community inclusion and access to training is a key factor in building capacity.
- Including training costs as a direct expense supports access to statewide training and technical assistance that will assist providers in attaining the skills to capably serve individuals with complex and challenging needs.
- On-going training is critical to maintaining high quality standards and effectively utilizing research-based and evidence-based practices.
- Providers must be able to adequately support staff training as they adapt to the use of new practices, such as trauma informed care, and to serve new populations, such as persons with brain injury or developmental disabilities.

2.2 Support the training of mental health Peer Support Specialists and Family Peer Support Specialists utilizing nationally reviewed and accepted curricula based on proven service delivery models, and support the increased utilization of Peer Support and Family Peer Support Specialists by providing flexibility for part-time workers and opportunities for credentialing and advancement along a career path.

The MHDS Commission recommends this action because:

- The adoption of core services statewide creates a new demand for peer support as a service.
- The introduction of Integrated Health Homes creates a new demand for peer support and family peer support specialists as a component of care coordination teams.
- The MHDS system will rely on building and maintaining an adequate peer workforce that is trained to uniform professional standards and is supported in career advancement.
- The increased utilization of peer support and family support specialists is a cost-effective method of addressing the workforce shortage of mental health professionals.

2.3 Implement incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, and disability services.

The MHDS Commission recommends this action because:

- Tax credits or other special incentives are needed to encourage and support Psychiatrists, Psychiatric Physician Assistants, Advanced Registered Nurse Practitioners, and other mental health and substance abuse treatment professionals who are trained in Iowa to stay and practice here.
- Tax credits or other special incentives could attract professionals trained elsewhere to practice in Iowa and encourage their retention.